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Bib Data Sheet

CONFIRMATION NO. 6211

SERIAL NUMBER 10/049,803	FILING DATE 02/15/2002 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 886-003c1US
APPLICANTS Robert Pines, New York, NY; Evan Marwell, New York, NY; John Blakeney, Macungie, PA; Christine Baumeister, Harleyville, PA;				
** CONTINUING DATA ***** This application is a 371 of PCT/US01/02366 01/24/2001 which claims benefit of 60/179,166 01/31/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/26/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 20	TOTAL CLAIMS 169
INDEPENDENT CLAIMS 30				
ADDRESS Sofer & Haroun LLP 317 Madison Avenue Suite 910 New York, NY 10017				
TITLE Communication assistance system and method				
FILING FEE RECEIVED 5660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 6211

SERIAL NUMBER 10/049,803	FILING DATE 02/15/2002 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 886-003c1
APPLICANTS Robert Pines, New York, NY; Evan Marwell, New York, NY; John Blakeney, Macungie, PA; Christine Baumeister, Harleyville, PA;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US01/02366 01/24/2001 WHICH CLAIMS BENEFIT OF 60/179,166 01/31/2000				
** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY NY	SHEETS DRAWING 20	TOTAL CLAIMS 169
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 30
ADDRESS Joseph Sofer Sofer & Haroun Suite 1921 342 Madison Avenue New York, NY 10173				
TITLE Communication assistance system and method				
FILING FEE RECEIVED 5660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	